



KENTUCKY TRANSPORTATION CABINET
Department of Transportation Safety
200 Mero St., Frankfort, KY 40622
ROADWAY SAFETY REVIEW REQUEST



REQUEST MADE BY

Name _____

Street Address _____

City _____ ZIP Code _____ County _____

TELEPHONE

(Home) _____ (Work) _____

FAX _____

E-MAIL ADDRESS _____

TYPE OF REQUEST

Guardrail ☐

Sign ☐

Other ☐

LOCATION OF REQUEST

Roadway Name _____

Roadway Number _____

Mile Point (if known) _____

Other Location Information _____

DESCRIPTION OF REQUEST

Please describe in your own words the situation that requires attention, and attach a photograph of the area.

DATES FOR OFFICE TRACKING:

___/___/___ Received

___/___/___ Collision Data Collected

___/___/___ Location Verified

___/___/___ Field Investigation Conducted

___/___/___ Determination Made

___/___/___ Contacted

NOTES:
